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EMPLOYMENT APPLICATION  
FOR  
ROCKPORT POLICE DEPARTMENT

The Rockport Police Department is an equal opportunity employer

To: John Horvath, Chief of Police  
Rockport Police Department  
168 Main Street  
Rockport, MA 01966  
978-546-1212

## **INSTRUCTIONS FOR COMPLETING APPLICATION**

- A. This application is a permanent record. All information must be typed or neatly printed.
- B. All requested information and documents must be received before an appointment can be made.
- C. The items below must accompany this application:
  - 1. A copy of your birth certificate.
  - 2. A copy of your Massachusetts Driver's License.
  - 3. A copy of your High School Diploma or equivalent.
  - 4. A copy of your College transcript (if applicable).
  - 5. A copy of military DD214 form (if applicable).
- D. Upon completion of this application send to:

John Horvath, Chief of Police  
Rockport Police Department  
168 Main Street  
Rockport, MA 01966

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## **ENTRANCE REQUIREMENTS**

- 1. Must be a High School Graduate or equivalent.
- 2. Must be 21 years of age or over.
- 3. Must not have been convicted of a felony.
- 4. Must have a dependable background.
- 5. Must successfully pass a background investigation.
- 6. Must successfully pass a medical examination.
- 7. **Must qualify and be able to obtain a firearms License to Carry.**

**Town of Rockport  
Police Department  
AGREEMENT**

Carefully read each statement below, and after having the form notarized, return it by the date requested.

1. I swear (or affirm) that the information I have caused to be entered into the preceding pages of this Application and Personal History Statement for employment with the Rockport Police Department is true and complete.
2. I authorize investigation of all statements contained in this Application and Personal History Statement Form as may be necessary in arriving at an employment decision.
3. I understand that this Application and Personal History Statement is but one element of the selection process for employment with the Rockport Police Department, and that an acceptable background investigation does not guarantee employment.
4. I understand that false or misleading information given herein or during interview(s) will result in my being disqualified from further consideration and/or termination from employment with the Rockport Police Department.

Applicant's full Name (type or print legibly): \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date: \_\_\_\_\_

Before me appeared the above named, \_\_\_\_\_,  
Who acknowledged to me that he/she has signed, sealed and delivered this agreement at his/her voluntary act or deed, for the use and purpose therein expressed.

In Witness Whereof, I have herein set my hand and official seal,  
This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public My Commission expires on: \_\_\_\_\_.

It is unlawful in Massachusetts to require or administer a polygraph as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability (MGL c149 s19b).

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**Rockport Police Department**  
**168 Main Street**  
**Rockport, MA 01966**

Application and Personal History Statement- Position applied for:

Date:

1. FULL NAME: If you have initials in your name, use them and state (IO). If you have no middle name, enter "NMI"> If you're a Jr., Sr., III, etc., enter that in the first box after your middle name.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI \_\_\_\_\_ JR, SR,ETC. \_\_\_\_\_

2. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 3. Social Security Number \_\_\_\_\_

4. Place of Birth. (Use the two letter code for the state.

CITY: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

5. OTHER NAMES USED Give other names used such as your maiden name, name(s) by a former marriage, alias, adoption, etc.

NAME \_\_\_\_\_ Date(s) when used \_\_\_\_\_

NAME \_\_\_\_\_ Date(s) when used \_\_\_\_\_

NAME \_\_\_\_\_ Date(s) when used \_\_\_\_\_

NAME \_\_\_\_\_ Date(s) when used \_\_\_\_\_

6. IDENTIFYING INFORMATION:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair color \_\_\_\_\_  
Eyes \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Scars, Tattoos, or other Distinguishing  
marks: \_\_\_\_\_

7. Telephone Numbers/ Email Address:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

8. RESIDENCE INFORMATION:

Fill in your address for every place you have lived, beginning with the present and working backward since your 15<sup>th</sup> Birthday. If you attended school away from your permanent residence, list the address you lived at while attending school. For any address in the past three (3) years, list a person who knew you at that address, preferably someone who still lives in that area. If you rented, please give the name and address of the person responsible for collecting rent.

1. From \_\_\_\_\_ To \_\_\_\_\_ Name of person who knows you \_\_\_\_\_  
month/year month/year  
Street address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone number \_\_\_\_\_

2. From \_\_\_\_\_ To \_\_\_\_\_ Name of person who knows you \_\_\_\_\_  
month/year month/year  
Street address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone number \_\_\_\_\_

3. From \_\_\_\_\_ To \_\_\_\_\_ Name of person who knows you \_\_\_\_\_  
month/year month/year  
Street address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone number \_\_\_\_\_

4. From \_\_\_\_\_ To \_\_\_\_\_ Name of person who knows you \_\_\_\_\_  
month/year month/year  
Street address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone number \_\_\_\_\_

**The Town of Rockport is an equal opportunity Employer**

9. EDUCATION.

Fill in information about schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working backward. For schools you attended in the past three (3) years, list a person who knows you at school, such as an instructor or student. For correspondence schools and extension classes, list records location and address. In the "Code" Block, use one of the following codes: 1 = HIGH SCHOOL, 2 = COLLEGE/UNIVERSITY, 3 = VOCATIONAL/TRADE SCHOOL.

	Elementary	High	College/University	Graduate/Professional
School Name				
Street Address and City of School				
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Dates Attended				
Diploma/Degree (include date)				
Code				
Name of person who knew you including street address and Telephone number. (past 3 years only)				
Honors Received				

9a. ACADEMIC RECORD.

Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two and four year colleges, universities and business and vocational schools - any formal education beyond the high school level.) If "YES", please explain (include school, date(s) and circumstances). \_\_\_ YES \_\_\_ NO

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10. EMPLOYMENT ACTIVITIES.

Fill in your employment activities, beginning with the present (#1) and working backward ten (10) years. PLEASE INCLUDE ALL FULL-TIME AND PART-TIME WORK, ALL PAID WORK, ANY SELF-EMPLOYMENT, ALL PERIODS OF UNEMPLOYMENT, ACTIVE MILITARY DUTY AND VOLUNTEER WORK.

#1	From _____ To _____	Exact Title of Position _____
	Month/Year Month/Year	
	Name of Employer _____	Street Address of Employer _____
	Name & Title of Supervisor _____	Telephone Number of Employer _____
	Reason for Leaving Employment _____	Telephone Number of Supervisor _____
#2	From _____ To _____	Exact Title of Position _____
	Month/Year Month/Year	
	Name of Employer _____	Street Address of Employer _____
	Name & Title of Supervisor _____	Telephone Number of Employer _____
	Reason for Leaving Employment _____	Telephone Number of Supervisor _____

#3 From \_\_\_\_\_ To \_\_\_\_\_ Exact Title of Position \_\_\_\_\_  
Month/Year Month/Year  
Name of Employer \_\_\_\_\_ Street Address of Employer \_\_\_\_\_  
Telephone Number of Employer \_\_\_\_\_  
Name & Title of Supervisor \_\_\_\_\_ Telephone Number of Supervisor \_\_\_\_\_  
Reason for Leaving Employment \_\_\_\_\_

#4 From \_\_\_\_\_ To \_\_\_\_\_ Exact Title of Position \_\_\_\_\_  
Month/Year Month/Year  
Name of Employer \_\_\_\_\_ Street Address of Employer \_\_\_\_\_  
Telephone Number of Employer \_\_\_\_\_  
Name & Title of Supervisor \_\_\_\_\_ Telephone Number of Supervisor \_\_\_\_\_  
Reason for Leaving Employment \_\_\_\_\_

#5 From \_\_\_\_\_ To \_\_\_\_\_ Exact Title of Position \_\_\_\_\_  
Month/Year Month/Year  
Name of Employer \_\_\_\_\_ Street Address of Employer \_\_\_\_\_  
Telephone Number of Employer \_\_\_\_\_  
Name & Title of Supervisor \_\_\_\_\_ Telephone Number of Supervisor \_\_\_\_\_  
Reason for Leaving Employment \_\_\_\_\_

10a. EXTENDED ABSENCE FROM EMPLOYMENT.  
Have you had any extended work absences for reasons other than earned vacations?  
If "YES", please explain (include when, name of employer, circumstances). \_\_\_\_\_ YES \_\_\_\_\_ NO  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. OUTSIDE ACTIVITIES  
List any activities which you may wish to have considered as reflecting favorably on your reputation for leadership, responsibility, honesty and integrity (response is optional).  
#1 \_\_\_\_\_ to \_\_\_\_\_ Activity \_\_\_\_\_  
Month/Year Month/Year  
Location of Activity (City/County/State) \_\_\_\_\_  
#2 \_\_\_\_\_ to \_\_\_\_\_ Activity \_\_\_\_\_  
Month/Year Month/Year  
Location of Activity (City/County/State) \_\_\_\_\_  
#3 \_\_\_\_\_ to \_\_\_\_\_ Activity \_\_\_\_\_  
Month/Year Month/Year  
Location of Activity (City/County/State) \_\_\_\_\_

12. FOREIGN COUNTRIES YOU HAVE VISITED  
List foreign countries you have visited, beginning with the most recent (#1), and working backward (10) years.  
In the "CODE" block, use one of the following: 1 = Business, 2 = Pleasure, 3 = Education, 4 = Other.  
#1 \_\_\_\_\_ to \_\_\_\_\_ Country \_\_\_\_\_ Code \_\_\_\_\_  
Month/Year Month/Year  
#2 \_\_\_\_\_ to \_\_\_\_\_ Country \_\_\_\_\_ Code \_\_\_\_\_  
Month/Year Month/Year  
#3 \_\_\_\_\_ to \_\_\_\_\_ Country \_\_\_\_\_ Code \_\_\_\_\_  
Month/Year Month/Year

**13. MILITARY HISTORY**

A. Are you registered for Selective Service? \_\_\_ YES \_\_\_ NO

If "YES", please provide:

Selective Service Number \_\_\_\_\_ Local Board Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

B. Have you served in the United States Military? \_\_\_ YES \_\_\_ NO

Have you served in the United States Merchant Marine? \_\_\_ YES \_\_\_ NO

If your answer to both questions is "NO", go to question 14.

If your answer to either question is "YES", go to C.

C. Starting with the most current (#1) and working backward, enter information for all periods of Active/Reserve Service into the table below. In the "CODE" block, use one of the following: 1 = Air Force, 2 = Army, 3 = Navy, 4 = Marine Corps, 5 = Coast Guard, 6 = Merchant Marine, 7 = National Guard (For Reserves, place an "R", after the appropriate CODE; for example - Army Reserve would be "2R"). Indicate Status (mark an "X" in appropriate blocks - use state code for National Guard)

Month/Yr.	Code	Rank	None	Active Duty	Active Reserve	National Guard	Inactive Reserve	Retired
#1 to								
#2 to								
#3 to								
#4 to								

13a. MILITARY RECORD - PAST COMMANDING OFFICERS OR MILITARY ACQUAINTANCES are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Contact Address/City/State	Contact Telephone	Years Known
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**14. RELATIVES**

All applicants must give complete information concerning their relatives (Mother, Father, Siblings). If you have been married more than once, give the requested information concerning each former husband or wife. Even though a relative is deceased, give all the information requested and indicate last residence and year of death. If you have been reared by someone other than your parents, the requested information should be furnished concerning them, as well as your natural parents. If you are engaged to be married or contemplating marriage in the near future, completed information must be included for your future spouse.

COMPLETE NAME, INCLUDING MIDDLE NAME (NO INITIALS), COMPLETE ADDRESS

Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_ Tel. # \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Occupation and Employer \_\_\_\_\_ Supervisor/Co-Worker \_\_\_\_\_ Tel. # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_ Tel. # \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Occupation and Employer \_\_\_\_\_ Supervisor/Co-Worker \_\_\_\_\_ Tel. # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_ Tel. # \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Occupation and Employer \_\_\_\_\_ Supervisor/Co-Worker \_\_\_\_\_ Tel. # \_\_\_\_\_



Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_ Tel. # \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Occupation and Employer \_\_\_\_\_ Supervisor/Co-Worker \_\_\_\_\_ Tel. # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_ Tel. # \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Occupation and Employer \_\_\_\_\_ Supervisor/Co-Worker \_\_\_\_\_ Tel. # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_ Tel. # \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Occupation and Employer \_\_\_\_\_ Supervisor/Co-Worker \_\_\_\_\_ Tel. # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_ Tel. # \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Occupation and Employer \_\_\_\_\_ Supervisor/Co-Worker \_\_\_\_\_ Tel. # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_ Tel. # \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Occupation and Employer \_\_\_\_\_ Supervisor/Co-Worker \_\_\_\_\_ Tel. # \_\_\_\_\_

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15. **MARITAL STATUS.** Mark one of the following to show your current marital status:

\_\_\_\_ 1 – Never Married (go to question 16). \_\_\_\_ 2 – Married \_\_\_\_ 3 – Separated \_\_\_\_ 4 – Legally Separated  
\_\_\_\_ 5 – Divorced \_\_\_\_ 6 – Widowed

**CURRENT SPOUSE** – Please complete the following about your current spouse:

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth (include Country if outside US) \_\_\_\_\_ Social Security # \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Date Married \_\_\_\_\_ Place Married \_\_\_\_\_ State \_\_\_\_\_

Other Names Used (Specify Maiden name, names by other marriages, etc., and show all dates used for each time)

Country of Citizenship \_\_\_\_\_ Date Married \_\_\_\_\_ Place Married \_\_\_\_\_ State \_\_\_\_\_

If Separated, Date of Separation \_\_\_\_\_ If Legally Separated, where is the record located (City/State/County) \_\_\_\_\_

Address of Current Spouse (Street, City and Country if outside of US) \_\_\_\_\_

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**FORMER SPOUSE.** Complete the following about your former spouse(s). (Use continuation sheet if necessary)

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Place of Birth (include Country if outside US) \_\_\_\_\_ Social Security # \_\_\_\_\_  
Country of Citizenship \_\_\_\_\_ Date Married \_\_\_\_\_ Place Married \_\_\_\_\_ State \_\_\_\_\_  
Check one of the below, then give date Month/Day/Year. If Divorced, where is the record located (City/State/Country).  
\_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_\_  
Address of Former Spouse (Street, City and Country if outside of US) \_\_\_\_\_

**16. PERSONS RESIDING WITH YOU**

Does anyone reside with you, other than your spouse or relatives indicated in questions 14?

If "YES", provide the information below:

\_\_\_\_ YES \_\_\_\_ NO

Name of Person

Relationship

Name of Person	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

**17. MILITARY RECORD** (If never in the military, go to question 18).

A. Have you ever received other than an honorable discharge from the military?

\_\_\_\_ YES \_\_\_\_ NO

If "YES" provide:

Date of Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

B. Was any type of disciplinary action taken against you while in the service?

\_\_\_\_ YES \_\_\_\_ NO

If "YES", complete the following:

Month/Yr.	Charge or Specification/Action Taken	Place (City and County/Country if outside US)
_____	_____	_____
_____	_____	_____

**18. EMPLOYMENT RECORD**

Has any of the following happened to you in the last ten (10) years?

If "YES", begin with the most recent occurrence and go backward, providing the date fired, quit, or left under conditions other than favorable and other information requested:

1 – Fired from a job; 2 – Quit a job after being told you would be fired; 3 – Left a job by mutual agreement under unfavorable circumstances; 4 – Left a job by mutual agreement following allegations of unsatisfactory performance; 5 – Left a job for other reasons under unfavorable circumstances \_\_\_\_ YES \_\_\_\_ NO

Month/yr. Code Specify Reason

Employer's Name and Address (City, State, Zip Code)

Month/yr.	Code	Specify Reason	Employer's Name and Address (City, State, Zip Code)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**19. POLICE RECORD** (Do not include anything that happened before your 17<sup>th</sup> birthday.) An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "NO RECORD" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "NO RECORD" with respect to prior arrests, court appearances and adjudications in all cases of delinquency, or as a child in need of services, which did not result in a complaint, transferred to the Superior Court for criminal prosecution (see MGL c276, s100A, S100c).

A. Have you ever been convicted of any felony?

\_\_\_\_ YES \_\_\_\_ NO

- B. Have you been convicted of a misdemeanor within the past five years (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)? YES NO
- C. Have you completed a period of incarceration within the past five years for any misdemeanor (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)? YES NO
- D. If the answer to question C. above, is "yes", please state whether you were convicted more than five years ago for any offenses (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)? YES NO
- 19a. MISSING PERSONS. Have you ever been reported to a law enforcement agency as a missing person or a runaway? If "YES", please give details: YES NO

Date	Law Enforcement Agency	Circumstances
_____	_____	_____
_____	_____	_____

20. ILLEGAL DRUGS. Do you currently use, or in the last five (5) years, have you used, possessed, supplied or manufactured any illegal drugs? When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics, opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.). NOTE: The information you provide in response to this question WILL NOT be provided for use in any criminal proceedings against you. YES NO

If "YES", provide below any information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs:

Month/yr. to	Type of Substance	Explanation
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____

21. INVESTIGATIONS RECORD

- A. To the best of your knowledge, has the Commonwealth of Massachusetts or the United States Government or any other police or law enforcement agency, ever investigated your background? YES NO

Month/yr.	Investigating Agency	Month/yr.	Investigating Agency
_____	_____	_____	_____
_____	_____	_____	_____

- B. To your knowledge, have you ever had a clearance or access authorization denied, suspended or revoked, or have you ever been debarred from Government employment? YES NO
- If "YES", give date of action and agency

Month/yr.	Department or Agency	Month/yr.	Department or Agency
_____	_____	_____	_____
_____	_____	_____	_____

22. FINANCIAL RECORD. In the last five (5) years, have you, or a company of which you own 10% or more, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgement rendered against it for a debt? If you answer "YES", provide the date of initial action and other information requested below: YES NO

Month/yr.	Type of Action	Business Name	Name/Address of Court Handling case (State/Zip)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A. Are you now over 180 days delinquent on any loan or financial obligation? Include loan or obligations funded or guaranteed by the Federal Government. If you answer "YES", provide the information requested below: ☐ YES ☐ NO

Month/yr.	Type of Loan or obligation (Account #)	Name/Address of Creditor or Obligor (State/Zip)
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. List all loans whose principal outstanding balance exceeds \$1,000.00, and on which you are individually or jointly liable either directly or as a guarantor:

Lender	Loan #	Original Balance	Outstanding Balance	Purpose of Loan
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. SUPPORT ORDERS

1. Are there any order/agreements entered into court regarding child support/alimony? ☐ YES ☐ NO  
If "NO", go to question 23.

2. If "YES" to question 1, are the orders/agreements being fulfilled to their fullest? ☐ YES ☐ NO

3. If "YES" to question 1, have there been any previous problems in fulfilling these orders/agreements? ☐ YES ☐ NO

If you answered "YES" to 1, 2, or 3 above, explain your answer(s) in the space below (include court, judgement, and penalties):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. INCOME TAXES

A. Have your Massachusetts Tax Returns been filed on time for the last seven (7) years? ☐ YES ☐ NO

B. Have your Federal Tax Returns been filed on time for the last seven (7) years? ☐ YES ☐ NO

C. Are you delinquent on any State or Federal Tax liabilities? ☐ YES ☐ NO

If you answered "YES" to C, or "NO" to A or B above, explain your answer(s) in the space provided below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. BUSINESS INVOLVEMENT

Do you presently own, or within the last seven (7) years have you owned more than 10% of the following:

1. A Company? ☐ YES ☐ NO

2. A Partnership (include general or limited partnership) ☐ YES ☐ NO

3. Joint Venture ☐ YES ☐ NO

4. Joint Enterprise ☐ YES ☐ NO

If you answered "YES", provide the required information below:

Name of Business	Location (Address/City/Zip)	Percentage Owned
_____	_____	_____
_____	_____	_____

Who owns the Business Interest?	Describe the Nature of the Business
_____	_____
_____	_____

If the Company does business with the Commonwealth, list the agency(ies) and the nature of business conducted with the agency(ies).

Agency

Nature of Business Conducted


B. Do you or any member of your immediate family (spouse or child) presently have a greater than 10% equity interest in any business entity (include general or limited partnership, joint venture or enterprise)? ☐ YES ☐ NO

If you answered "YES", to B above, provide the information required in the space provided below:

Name of Business	Location (Address/City/Zip)	Percentage Owned
Who owns the Business Interest?	Nature of Business Conducted	

25. CIVIL LITIGATION

A. To the best of your knowledge, are there any civil actions pending against you? ☐ YES ☐ NO

B. Have there been any civil actions concluded against you within the past seven (7) Years favorable or adversely? ☐ YES ☐ NO

If you answered "YES" to A or B above, explain your answer(s) in the space below (If known, include: court(s), case name(s), docket number(s), nature of lawsuit and outcome):

26. PREVIOUS INTERACTIONS WITH STATE AGENCIES

A. Have you ever filed a financial disclosure form with the State Ethics Commission or a similar body in another state? If "YES", submit with this form a copy of your most recent submission. ☐ YES ☐ NO

B. Have any proceedings been instituted against you by the State Ethics Commission or a similar body in another state? ☐ YES ☐ NO

C. To your knowledge, have any complaints or disciplinary actions been filed against you with regard to any licenses or registrations you possess? ☐ YES ☐ NO

D. To your knowledge, have any complaints or disciplinary actions been filed against you with regard to your membership in any professional or trade association(s)? ☐ YES ☐ NO

E. Do you presently have any business, hearings, complaints, or claims or any other matters pending before any regulatory agency or board? ☐ YES ☐ NO

F. Within the past seven (7) years, have you had any business hearing, complaint or claim with any regulatory agency or board? ☐ YES ☐ NO

If you answered "YES" to B, C, D, or F above, explain your answer(s) in the space below (include nature of allegations, date and outcome of proceedings):


27. LICENSES

A. Are you a licensed motor vehicle operator? ☐ YES ☐ NO

If "YES", please provide the information requested below:

--

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Restrictions (if any) \_\_\_\_\_ Status (active, revoked, etc). \_\_\_\_\_

B. Please list other states where you have been a licensed motor vehicle operator:

License Number \_\_\_\_\_ State \_\_\_\_\_

License Number \_\_\_\_\_ State \_\_\_\_\_

C. Have you ever been refused a driver's license by any state? \_\_\_\_\_ YES \_\_\_\_\_ NO

If "YES", please explain (include when, where and why)  
 Month/yr. \_\_\_\_\_ State \_\_\_\_\_ Circumstances \_\_\_\_\_

D. Has your license, in any state, ever been suspended or revoked?

If "YES", provide details below (include, why, when, length of time taken away):

\_\_\_\_\_

E. Have you received any traffic citations (exclude parking tickets) within the last seven (7) years?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If "YES", list all traffic citations and other information requested below:

Nature of violation	Location (City/State)	Approximate Date	Action Taken
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. Have you ever been involved, as a driver of a motor vehicle, in an accident within the last seven (7) years?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If "YES", please give details for each accident in the spaces below:

Month/Day/Year	Location (City/State)	Injuries (yes or no)	Investigating Police Agency, if any
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. Have you ever applied for a permit to carry a firearm or FID card?

\_\_\_\_\_ YES \_\_\_\_\_ NO

H. Do you possess any other license(s) permit(s), or registration(s) such as Firearms, Professional, Trade, etc.

\_\_\_\_\_ YES \_\_\_\_\_ NO

If "YES", provide the information required below:

Type of License	License Number	Date Issued	Date of Expiration
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

  

Issuing State	Issuing Agency (include address)
1. _____	_____
2. _____	_____
3. _____	_____

## 28. PROFESSIONAL/TRADE ASSOCIATIONS

Do you hold membership in any professional or trade organization(s)?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If "YES", provide the information required below:

Organization	Address	Type	Present Member Position Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

29. **PROPERTY OWNERSHIP**

List any real property in which you, your spouse, or your minor children have an equity or financial interest:

Property Address	Owner	Relationship (self, spouse, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____

30. **REFERENCES**

A. List three (3) people who know you "PROFESSIONALLY", and can attest to your qualifications and fitness for the position for which you are applying.

Full name of Reference	Telephone Number	Address	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

A. List three (3) people who know you "PERSONALLY", and can attest to your qualifications and fitness for the position for which you are applying.

Full name of Reference	Telephone Number	Address	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

31. **CONTINUATION SPACE.** Use the space below to continue answers to all questions and any information you would like to add. If more space is needed than what is provided below, use a blank sheet(s) of paper. Start each sheet with your Name and Social Security Number. Identify the number of the question.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification:

Certification that my answers are true:

I have read each question asked of me and understand each question. My statements on this form and any attachments to this form including but not limited to a resume', are true, and correct to the best of my knowledge and belief and are made in good faith.

Signature (sign in ink) \_\_\_\_\_ Date: \_\_\_\_\_